

**REGISTRATION FORM**

**International Advanced Level ‘Training of Trainer” Programme on “Localizing Integrated Action on the Sustainable Development Goals (SDGs)”**

**Pokhara, Nepal | August 26-29, 2019**

**Application Instructions**

* Government personnel, CSOs/NGOs/INGOs professionals working on development issues, scholars, academics and students with a keen interest in approaching SGDs are encouraged to apply for this program.
* **Proficiency in English is required**. Academic lectures, discussions and role plays are conducted in English.

**Registration Process**

**Completed registration form should be sent along with a copy of your passport page** to [info@adhyetainternational.com.np](mailto:info@adhyetainternational.com.np) with email subject:

***\*Name of applicant\* – Application form – SDGs ToT, 2019***

**Course Fee**

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| **Type of Registration** | **Special Price** | **Regular Price** |
| Nepal Participants | US$ 275.00  (First 10 seats only) | US$ 325.00 |
| SAARC Countries participants | US$ 325.00  (First 10 seats only) | US$ 350.00 |
| International Participants  (other than Nepal and SAARC Countries) | US$ 350.00  (Sign up before June 30th) | US$ 375.00  (Sign up after June 30th) |

* **Registration Fee:** After registration submission, you will receive an invoice for US$ 100 deposit
* **Remaining fee:** On arrival at Training Venue, Pokhara, Nepal

***After approval of the application, the applicant will be asked for registration fee. The course fee covers accommodation and foods.*** Organizer does NOT provide Airfare and Visa Expenses

**REGISTRATION**

*Participants from those countries where there is no Nepal Consulate are recommended to apply early for the course as the visa process will take long time*

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***\*Name of applicant\* – Application form – SDGs ToT, 2019***

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| **1. Personal Details** | | | |
| Family Name |  | First name |  |
| Gender (M/F) |  | Date of Birth | (dd/mm/yyyy) |
| Religion (if any) |  | | |
| Organisation |  | | |
| Position |  | | |
| Field of work |  | | |

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| **2. Contact Information** | |
| Street Address for  Invoicing purpose |  |
| Telephone |  |
| E-mail Address |  |

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| --- | --- |
| **3. Additional Information** | |
| Dietary restrictions/ requirements |  |
| Please indicate if there is anything else you would like us to know about you |  |
| How did you know about this training |  |